

SECRETARY OF STATE  
STATE CAPITOL  
500 E. CAPITOL AVE.  
PIERRE, S.D. 57501  
(605)773-4845  
Fax (605)773-4550  
www.sdsos.gov

**ANNUAL REPORT**  
**FOREIGN L.L.C.**  
**PLEASE TYPE OR USE BLACK INK**

**FILE DATE** \_\_\_\_\_  
**RECEIPT NO.** \_\_\_\_\_

**FILING FEE: \$50** ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS

1. L.L.C. Name and Mailing Address:

Telephone # \_\_\_\_\_  
FAX # \_\_\_\_\_

FILING DATE: Due during the month the  
Certificate of Authority was issued, and  
delinquent after the last day of the following  
month.

2. The state or country under whose law it is organized is: \_\_\_\_\_

3. The address of its registered office and the name of its registered agent for service of process in South Dakota is:

4. The address of its principal office is:

5. The names and business addresses of any managers:

The information must be current as of the date the annual report is signed on behalf of the limited liability company. The annual report must be **signed** by a **manager** of a manager-managed company, or a **member** of a member-managed company. It must state adjacent to the signature the name and capacity of the signer.

Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)